



## Privileges for Peace Corps Medical Officers --Physicians

Name: \_\_\_\_\_  
*Please Print Your Name and Credential*

### **PRIVILEGES REQUESTED (Please select one or both)**

- ☐ **Core Privileges** – Privileges to provide treatment for conditions that fall within the typical scope of an MD or DO.
- ☐ **Additional Privileges** – Privileges to provide treatment for conditions that fall outside of the typical scope of a MD or DO.

### **QUALIFICATIONS FOR PRIVILEGES**

*To be eligible for core privileges, the MD or DO applicant must meet the following qualifications.*

- Doctor of Medicine or Doctor of Osteopathy degree from a school in the United States or Canada approved by a recognized accrediting body in the year of the applicant's graduation; **OR**
- A Doctor of Medicine or equivalent degree from a foreign medical school that provided education and medical knowledge substantially equivalent to accredited schools in the United States, plus Education Commission Foreign Medical Graduate (ECFMG) certification and/or graduation from a school listed in the Foundation for Advancement of International Medical Education and Research (FAIMER)  
<http://www.faimer.org/resources/imed.html>
- Validation of foreign medical school accreditation
- Valid clinical MD or DO licensure
- Applicable knowledge and experience

### **CORE PRIVILEGES**

#### **Privileges included in the Core:\*\***

Privileges that fall within the typical scope of a MD or DO practice include:

(\*\*Please strike out any non-proficient privileges)

- |  |  |
|--|--|
| <ul style="list-style-type: none"><li>• Patient triage</li><li>• Initiate life support when necessary</li><li>• Maintain an adult immunization program</li><li>• Maintain current, complete clinical records in SOAP</li><li>• Adhere to Peace Corps Medical Technical Guidelines</li><li>• Accompany medevacs when indicated</li><li>• Provide emotional support and short-term counseling</li><li>• Provide health education to Trainees/Volunteers</li><li>• Perform administrative functions of the health unit</li><li>• Accrue 20 or more hours of continuing education annually</li><li>• Perform comprehensive patient history taking and physical exams including pelvic exams/ pap smears</li><li>• Assess, diagnose, and manage acute and chronic clinical issues</li><li>• Toenail Removal</li><li>• Anoscopy</li><li>• Prescribe pharmacologic agents including controlled substances according to the Medical Technical Guidelines</li></ul> | <ul style="list-style-type: none"><li>• Serve as a clinical prescriber for PCMO-RNs</li><li>• Serve as a clinical advisor for PCMO-NPs or PAs</li><li>• Peripheral venipuncture for lab work and IV administration of meds</li><li>• PPD placement and reading</li><li>• Preparation of thick and thin malaria smears</li><li>• Pulse oximeter and PEAK flow reading</li><li>• EKG tracing and interpretation</li><li>• Office diagnostics including commercial testing kits for HIV, urine dips, HCG, etc.</li><li>• Basic microscopy including UAs, wet mounts, stool</li><li>• Urethral catheterization</li><li>• Local infiltration anesthesia</li><li>• Simple laceration repair/I &amp; D's</li><li>• Punch/Excisional/Shave biopsy</li><li>• Needle aspiration for culture</li><li>• Wart ablation on extremities</li></ul> |
|--|--|

### ADDITIONAL PRIVILEGES REQUESTED

To be eligible for a privilege listed below, the applicant must be able to demonstrate and/or document competence in performing any requested procedure.

Requested	PROCEDURE	ADDITIONAL CREDENTIALING CRITERIA (if applicable)	# of cases performed in past 2 yrs **
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			

**\*\* On a separate sheet of paper, please describe any major, unexpected complications you have encountered for any of the Core Privileges or Additional Privileges you are requesting.**

### ACKNOWLEDGEMENT OF PRACTICIONER:

*I have requested only those privileges for which, by education, training, current experience and demonstrated performance, I am qualified to perform, and that I wish to exercise as a Peace Corps Medical Officer and a MD or DO.*

*I understand that in exercising any clinical privileges granted, I am constrained by Peace Corps Office of Volunteer Support policies and rules applicable generally, and any applicable to the particular situation.*

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*Please Sign Your Name*

### CLINICAL SERVICE RECOMMENDATION:

#### Core Privileges

- ☐ Recommend  
☐ Recommend with the following modification(s) and reason(s): \_\_\_\_\_

- ☐ Denied  
☐ Suspended  
☐ Revoked

#### Additional Privileges

- ☐ Denied  
☐ Recommend  
☐ Recommend with the following modification(s) and reason(s): \_\_\_\_\_

*I have reviewed the requested clinical privileges and supporting documentation for the above named practitioner and recommend action on the privileges as noted above:*

\_\_\_\_\_  
 Signature  
 Chair, Credentialing Committee

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature  
 Medical Director, Office of Volunteer Support

\_\_\_\_\_  
 Date